

Supervised Experience Documentation Form
for Licensed Clinical Social Worker
(to Be Completed By Applicant Only)
(PART I)

QUALIFYING EXPERIENCE UNDER SUPERVISION

_____ **Non-exempt agency experience**

A certified social worker whose supervision experience was obtained in Kentucky under a Board approved supervision contract with a qualified licensed clinical social worker consistent with the requirements of 201 KAR 23:070 (copy attached).

_____ **Exempt agency experience**

A certified social worker whose experience was obtained while employed with an agency exempt pursuant to KRS 335.010 (3), (4), (5). ***Attach a job description for employment setting where supervision occurred.*** (The job description must be signed by the Executive Director or Human Resources Director.)

_____ **Out of state experience**

A clinical social worker licensed in another state must submit the following documentation verifying that the supervision experience received in the licensing state meets the requirements of 201 KAR 23:070:

1. Official verification of clinical licensure in another state
2. Official test results from the Association of Social Work Boards (ASWB)
3. Official transcripts documenting the awarding of a Master's Degree in Social Work
4. Application Form
5. Supervision Experience Documentation Form (Part I, II, III)
6. A job description for employment setting where supervision occurred. (The job description must be signed by the Executive Director or Human Resources Director.)

Supervised Experience Documentation Form
for Licensed Clinical Social Worker
(to Be Completed By Supervisor Only)
(PART II)

NAME OF APPLICANT _____

The above named individual has applied for licensure as a Clinical Social Worker in the Commonwealth of Kentucky. One of the requirements is two (2) years of supervised social work practice as a Certified Social Worker. Recognizing that you are legally and ethically responsible for the activities of the applicant during the period of time you were the supervisor, please use the utmost care in being specific in the details you provide on the following form. Your candid and complete evaluation of this applicant is critical for licensure and, ultimately, the protection of the consumer.

Supervisor Credentials

- 1) Name of supervisor _____ Degree _____
(please print or type)
- 2) Title at time applicant was supervised: _____
- 3) Date first approved as supervisor for this applicant: _____
- 3) Place(s) & Date(s) of original and current licensure: _____

License # (s) _____
- 5) Your highest graduate degree: _____ Major: _____
- 6) Title of school granting degree: _____ Graduation Date: _____
- 7) Number of years working as a professional Licensed Clinical Social Worker: _____
- 8) Date of Completion of Supervision Training (If applicable): _____
(Please attach copy of certificate)
- 9) Are you the Supervisor of Record: _____ Yes _____ No

10) Are you an additional Supervisor: _____ Yes _____ No

11) Do you have any relationship with this applicant outside of the supervisory relationship?

Yes _____ No _____

If Yes, Explain: _____

PLEASE ATTACH A CURRICULUM VITAE OR RESUME, IF YOU ARE A SUPERVISOR FROM OUT OF STATE OR IF YOU ARE A SUPERVISOR FROM AN EXEMPT AGENCY AS DEFINED IN KRS 335.010.

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Signature

Title

Current Address

Telephone Number

Date

SUPERVISED SOCIAL WORK EXPERIENCE
AND RECOMMENDATION FOR LICENSURE
 (to Be Completed By Supervisor Only)
(PART III)

NAME OF APPLICANT _____

NAME OF SUPERVISOR _____

- 1) Name and address of agency where supervised experience was gained:

- 2) The applicant's title/position during the period of supervised psychological experience:

- 3) *Please note:* Kentucky social work law and regulations require that you complete a minimum of 200 hours, which shall include individual supervision of not less than two (2) hours during every two (2) weeks of clinical social work practice and no more than 100 hours of group supervision in groups of six (6) or less over a two (2) year (full-time) or three (3) year (part-time) basis
 How many hours per week of each of the following did the applicant accumulate?
 (You may be asked for verification)

- a) Total number of hours under supervision; _____
- b) Total number of individual, face to face supervision hours; _____
- c) Total number of group supervision hours. _____

- 4) Beginning and ending dates of supervision:

From (month day year) _____ to (month day year) _____

- 5) In which of the following services did the applicant demonstrate competency that can be qualified and in your professional opinion, is qualified to perform **independently**:

General Services Provided		Services Offered		Specialty Services**	
	Check		Check		Check
Therapy	_____	Child Evaluations	_____	Custody Evaluation	_____
Evaluation	_____	Child Treatment	_____	School Social Work	_____
Consultation	_____	Marital/Conjoint Therapy	_____	Other	_____
		Play Therapy	_____		_____
		Geriatrics	_____		_____
		Competency Evaluations	_____		
		Eating Disorders/Family	_____		
		Family Therapy	_____		
		Group Therapy	_____		
		Substance Abuse/Addiction	_____		
		Other: _____	_____		
		_____	_____		

